

The challenges and opportunities of providing abortion care in an NHS service during the COVID-19 pandemic

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Introduction:

Using RCOG guidance (2020), our service changed dramatically to respond to the Covid-19 pandemic:

- Remote initial assessments of all patients - face-to-face appointments only where appropriate
- Ultrasound not required routinely prior to termination; gestation reliability assessed first
- Early medical abortion at home (EMAH) offered first line (postal/collection service available)
- Manual vacuum aspiration (MVA) service set up
- Fast track Long Acting Reversible Contraception (LARC) Service set up

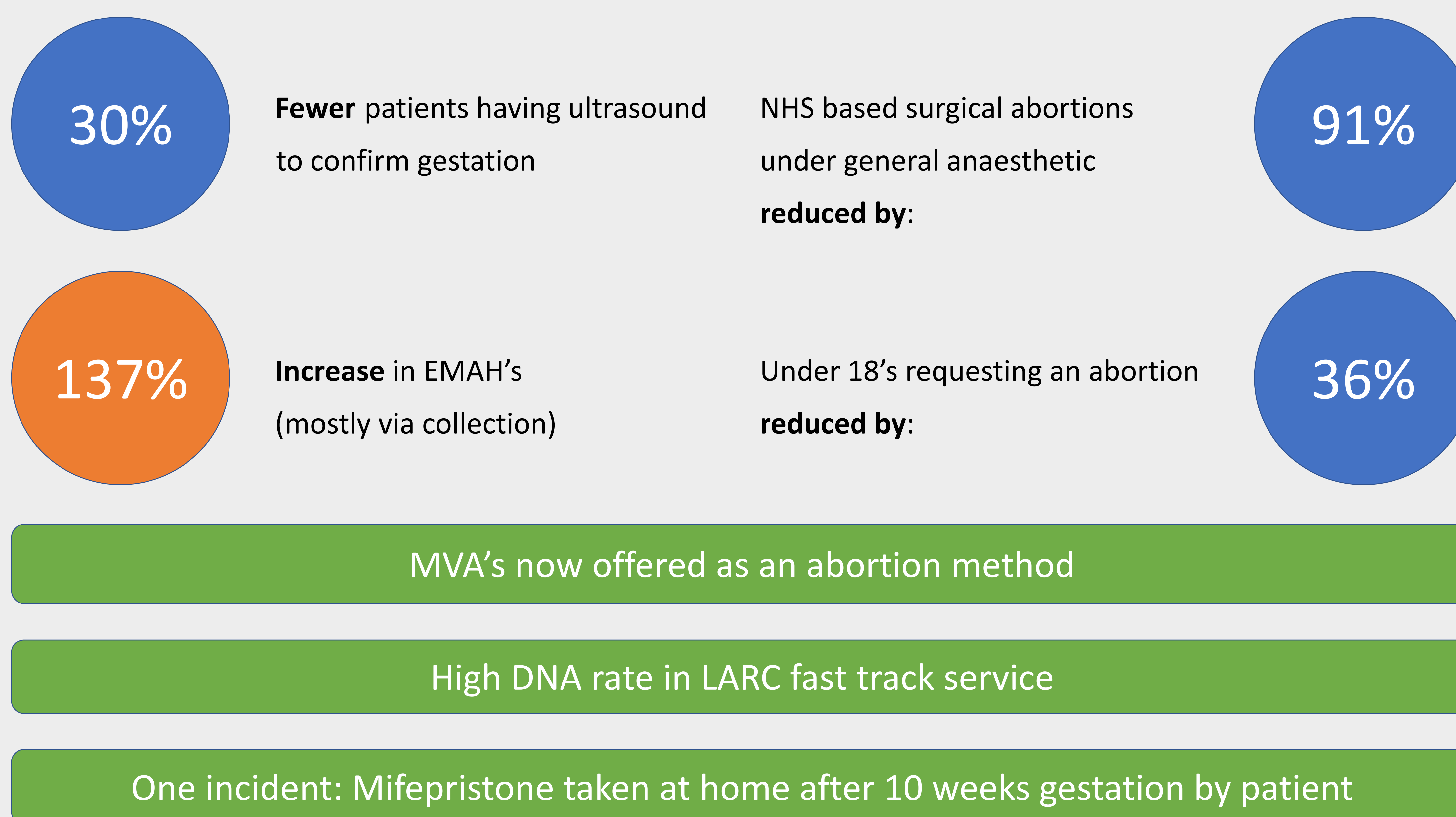
Aim:

- To describe the impact of change, triggered by Covid-19, from developing innovative pathways that maximise the use of remote consulting and facilitate rapid access

Methods:

- Data was extracted (abortion method, whether an USS was conducted and patient age) from a database of all patient attendances from April-September 2020 and compared with the same period in 2019.
- Patients were excluded if there were missing records on any of the above categories

Results:



Conclusion:

- Spending less time face-to-face with patients- performing more EMAH's, fewer scans, and fewer surgical abortions
- More accessible, flexible and accommodating services now available
- Young or vulnerable people may be disadvantaged by the pandemic; accessibility, safeguarding, and contraception should be considered
- Research should target challenges faced by vulnerable people and adverse outcomes of remote consulting, while taking into account patient experiences and the positive changes we should strive to keep

References:

Royal College of Obstetricians and Gynaecologists (2020). *Coronavirus (COVID-19) infection and abortion care. Information for health professionals. Version 3.1.* Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-31-coronavirus-covid-19-infection-and-abortion-care.pdf> [Accessed 04/10/20]